

Preparer Phone

# Mississippi S-Corporation Income and Franchise Tax Return 2004

**Corporate Information**

- |                                                       |                                                                    |
|-------------------------------------------------------|--------------------------------------------------------------------|
| 1. DBA _____                                          | 2. County locations in Mississippi. _____                          |
| 3. Principal business activity in Mississippi. _____  | 4. Principal business activity everywhere. _____                   |
| 5. Principal product or service in Mississippi. _____ | 6. Principal product or service everywhere. _____                  |
| 7. Contact person for this return. _____              | 8. Contact person location and phone. _____<br>_____ (     ) _____ |

9. If final return, check reason and enter date effective: \_\_\_\_\_ Date \_\_\_\_\_

☐ Dissolving Mississippi Corporation     ☐ Withdrawing Non-Mississippi Corporation from State     ☐ Sold MS Assets     ☐ Merged  
☐ S-Status Terminated     ☐ Other : \_\_\_\_\_

If you checked Sold or Merged, provide the following:  
New company or owner's name and address.

FEIN \_\_\_\_\_

Phone (     ) \_\_\_\_\_

Former owner's forwarding address \_\_\_\_\_

Phone (     ) \_\_\_\_\_

10. Is this corporation a partner/member in a partnership, LLP or LLC doing business in Mississippi?  
If Yes, attach Mississippi Form K-1(s). ☐ Yes     ☐ No
11. Has the corporation filed amended federal returns in the last three years?  
If Yes, list years \_\_\_\_\_ ☐ Yes     ☐ No
12. Has the IRS made any changes to your taxable income in the last three years?  
If Yes, list years \_\_\_\_\_ ☐ Yes     ☐ No
13. If Line 11 and/or Line 12 was checked "Yes", has the corporation filed Mississippi amended returns for all years for which amended Federal return(s) were filed or changes to taxable income were made by the IRS? ☐ Yes     ☐ No
14. Did this corporation file any prior year return in which it claimed 30% or 50% special federal depreciation allowance, but did not make the appropriate adjustments to back out such depreciation in determining its income to this state? ☐ Yes     ☐ No

**List of Officers - This schedule MUST be completed**

President: Name and Home Address \_\_\_\_\_

Social Security Number \_\_\_\_\_

Ownership% \_\_\_\_\_ %

Salary \_\_\_\_\_

Vice President: Name and Home Address \_\_\_\_\_

Social Security Number \_\_\_\_\_

Ownership% \_\_\_\_\_ %

Salary \_\_\_\_\_

Treasurer: Name and Home Address \_\_\_\_\_

Social Security Number \_\_\_\_\_

Ownership% \_\_\_\_\_ %

Salary \_\_\_\_\_

Secretary: Name and Home Address \_\_\_\_\_

Social Security Number \_\_\_\_\_

Ownership% \_\_\_\_\_ %

Salary \_\_\_\_\_